

Personal Health Record

Name _____
 Address _____
 Home Phone _____
 Cell Phone _____
 Birth Date _____

Emergency Contact

Address _____
 Home Phone _____
 Cell Phone _____

2nd Emergency Contact

Address _____
 Home Phone _____
 Cell Phone _____

Family Physician

Address _____
 Office Phone _____
 Fax # _____

Insurance #1:

Insurance #2:

Medications	
Name & Dosage	Description

Surgeries	
Date	Type

Medical Conditions
Name

Allergies & Reactions	
Medication	Reaction

Key items to remember:

- Knowledgably discuss your health and health care decisions with health care providers.
- Be more aware of and monitor your personal health status over time.
- Provide important health information to new health care providers.
- Keep an active eye on your progress toward your health and wellness goals.
- Reduce or eliminate unnecessary duplicate tests and procedures ordered by providers.
- Stay up-to-date on vaccinations and preventive health activities.

Advance Directive on file at: